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## Original Communications.

### CASES OF DIPHTHERIA.

Read before the Boston Society for Medical Observation, Oct. 18th, 1869, by FRANCIS MINOT.

THE following observations will not be found to contain any new facts or suggestions concerning diphtheria. They are offered to the Society's consideration merely as good illustrations of some of the peculiar phenomena of this remarkable disease, and as showing the effect (so far as two cases might show it) of energetic local treatment, upon the spread of the membranous exudation in the throat. While authorities differ as to the value of this mode of treatment, I can testify that even when thoroughly carried out, it causes very little pain or even discomfort to the patient. I am accustomed to employ the ordinary muriatic acid of the shops, applying it on a swab made by twisting a little bit of cotton around the end of a stick as big as a common probe. The cotton should first be dampened with water, then moistened in the acid, and applied to the false membrane, and slightly beyond its margin to the adjacent parts. If care be taken merely to *moisten* the cotton in the acid, the latter will not run beyond the limits designed by the operator, nor will the patient feel much, if any, pain. The authorities generally recommend but one thorough cauterization, but I have found two applications of the acid daily, for several days, apparently beneficial.

The external application of ice generally affords great comfort to the patient, and is apparently of much curative effect. I have used it without the least inconvenience or annoyance in the case of an infant under a year old. A long India-rubber bag is filled with small bits of ice, and secured around the neck, like a cravat. I wish to say, however, that while I believe these measures are useful as well as harmless in the treatment of diphtheria, I am aware that the two cases, related in this paper, in which they were employed, were comparatively mild, and would probably have recovered had they not been used.

The second case offers a point of interest in respect to the duration of the period of incubation of diphtheria. In this instance it could not have been longer than four days.

CASE I.—William S., 16 years old, a strong, healthy lad, was in the habit of going from Boston to Dorchester daily to school. On Wednesday, March 20th, 1867, he felt quite chilly, but not otherwise unwell. The next day he went out of town, as usual, but felt very poorly, complaining of chills and sore throat. He returned to town early, and went to bed. When seen early in the evening, there was much redness of the soft palate, pillars and tonsils. On the inner surface of each tonsil was a white patch, three-fourths of an inch long, and one-half an inch broad. The tonsils were a little enlarged. There was some swelling about the angle of the jaw, on the left side. Tongue coated; thirst; no appetite; pulse quite irregular and intermittent, below 60; patient restless.

Friday, March 22d.—White deposit extending over the tonsils. Other symptoms as before.

Saturday, 23d.—Lymph has spread over the pillars and uvula, and a few small patches are seen on the left palate.

Sunday, 24th.—Restless night. Pulse 84. Deposit has invaded the soft palate, reaching a few lines from its edge, and to a greater extent in the centre, above the uvula. The uvula is covered with a dirty-brown exudation, it is much enlarged in size, and lengthened. The boy is very uncomfortable and restless. Some trouble in breathing. Expectoration of tough, somewhat bloody, mucus.

Monday 25th.—On blowing the nose, blood is expelled. No increase of deposit in the throat. External swelling somewhat diminished. Breath fetid. General condition about the same. Takes milk freely. Is comforted by the steam which he inhales. In the evening the pulse was at 108.

Tuesday, 26th.—Slept a good deal, and took sufficient nourishment. Early in morning had copious nosebleed, to which he is subject. Pulse 94. No extension of deposit on soft palate, but some seen in back of pharynx. Uvula rather less swollen, covered with a dirty-looking, sloughy crust. Expectoration bloody. At 10½ he had a choking, from detachment of the membrane, which was alarming, but it passed off, leaving him much prostrated. He has a dusky or livid look, and is rather drowsy, perhaps from an opiate. Takes nourishment and stimulants regularly. No delirium. Urine sufficient.

Wednesday, 27th.—Very restless all night, at times greatly prostrated. Mind clear. Complains only of sleepiness. Breathing easy, about 28, at times stertorous, sometimes with a flapping sound. Pulse 144. Face dusky. Urine highly albuminous. At 10, A.M., pulse barely perceptible. Patient very restless, turning his pillow frequently. Mind clear. Died at 11.45, A.M., about a week from the first symptoms.

No cause could be assigned for the disease, no other case being known to the patient or his friends; but the boy was in the habit of riding to Dorchester in the horse-cars, daily. The treatment consisted in astringent gargles, with stimulants, which latter were continued throughout. Inhalation of steam was employed with much comfort. Plenty of nourishment was taken. No topical applications were made.

Case II.—E. S., sister of the last-mentioned patient, 18 years old, was with her brother constantly for the first two days of his illness, sitting by his bedside, and often kissing him. On Sunday, March 24th, she was well, and went to church. In the evening she was chilly. Had a restless night, and awoke on the 25th with sore throat. There was a white streaky deposit on the left tonsil. Chills; loss of appetite.

Tuesday, 26th.—Deposit extending on tonsil. It is greyish and sloughy-looking. No redness in throat; tongue clean. No external swelling. Feels better.

Wednesday, 27th.—Much agitation on account of her brother's death. Pain in throat. In the evening a white patch appeared on the right tonsil. Pulse 96. (Ice bag to throat. Local application of strong muriatic acid.)

Thursday, 28th.—Much comforted by the ice. Pulse in morning, 106; evening, 96. No increase of deposit. Headache. Acid applied thrice daily.

From this time E. S. slowly improved. On the 31st scarcely any deposit could be seen. The convalescence was tedious, the appetite being very poor. She was able to sit up, April 8th, but was some weeks in recovering her strength. There was no consecutive paralysis. The acid was applied to the throat three times daily, on a small swab. The ice was continued long after all local manifestations had ceased, the patient being very reluctant to leave it off. A plentiful allowance of champagne, beef tea, milk, &c., was enjoined, but it was difficult to induce her to take much nourishment.

The period of incubation in this case was four days, if we consider, as seems most reasonable, that the first patient caught the disease while away from the house, for no other person in the family had any sickness, nor was there any other case of diphtheria in the neighborhood.

Case III.—*Albuminuria and Dropsy, following Diphtheria.*—Catherine F., 35 years old, single, consulted me, June 5th, 1867. She lived in a neighboring town, when she had diphtheria, under the care of another physician, in the months of March and April previous. She had, while convalescent, pain in the left temple, otorrhœa and deafness. She also had swelling of the upper and inner parts of the thighs, and about the knees, making it difficult for her to cross one knee over the other. The swelling then extended to the feet, and afterwards was noticed in the face, especially in the eyelids. June 5th, noticed that her hands were swelled. Her appetite was good; pulse normal; urine frequent, but not scanty. Legs and thighs very œdematous, making it difficult for her to walk; hands somewhat swelled. She is drowsy. Catamenia regular. Urine highly albuminous, containing casts, mostly of small diameter, some of them containing pus corpuscles. She was ordered ten grains of tannin, thrice daily, milk diet, and a hot bath every night. Under this treatment the œdema diminished very much, and the urine was increased somewhat in quantity.

A specimen of urine, examined June 12th, was found to be of sp. gr. 1010, feebly acid; albumen diminished; one or two granular casts seen. Patient writes, "my feet are nicely." June 19th, œdema almost wholly gone. Urine contains considerable albumen, a number of granular casts of various sizes; many nucleated cells of small size, some fibrous-looking bodies, no blood corpuscles, and a great abundance of vaginal epithelium. (Omit tannin. Take fifteen drops of tincture of

chloride of iron three times daily.) July 10th, nearly three quarts of urine were passed in the night, probably in consequence of having drunk some ale, and more tea than usual. The urine contains perhaps less albumen than before; sp. gr. 1010. Some œdema of ankles, and also of the face in the mornings.

The symptoms continued the same during several weeks. Sept. 2d, there was some improvement. The appetite was better, bowels free. The urine was still very abundant, frequently amounting to two quarts during the night. On examination, its condition was unchanged. It contained no sugar. Sp. gr. 1004. The last time I saw Catherine F. was Sept. 18th, 1867, when there was no change in the symptoms; but Dec. 5th she wrote me, "I believe I am quite whole again, excepting a twitching sensation in my head." I do not know what has since become of her.*

Case IV.—*Diphtheria, followed by Paralysis (Asthenia) and Death.*—Mrs. A., widow, 65 years old, had an attack of diphtheria in Lynn, in July, 1867, when she was treated by Dr. Edward Newhall. In September she began to have feebleness of the limbs, and at the same time an attack of inflammation of the cornea of the right eye, which had occurred twice before, at intervals of several years. I saw her Sept. 29th, 1867, with Dr. Williams, who was treating the eye. She was very feeble. Pulse 60, weak. Appetite poor and capricious; sleep irregular, occasionally good, oftener she was wakeful. No distinct paralysis of limbs, but great weakness, and difficulty in walking and standing. She walks out a little, supported by an attendant, and drives daily. Spirits depressed, memory impaired, and mind sometimes a little wandering; speech a little slow; no difficulty in swallowing. Bowels regular. Urine contains no albumen. She was taking tonics with stimulants, and bromide of potassium. (Sulphate of iron, sulphate of quinine, extract of nux vomica, iodide of potassium, elixir of opium; good diet.)

The patient continued to grow worse in all respects. Oct 8th, she was very delirious. She took that night at bed time two ounces of whiskey, with 30 drops of McMunn's elixir of opium, and slept soundly till 8, A.M. the next morning. During the day following she was quite insane, with all sorts of delusions. She refused nourishment and medicine, though I succeeded in making her take 40 grains of bromide of potassium at 10, A.M., and at 1, P.M. she took a few spoonfuls of broth. During the afternoon she was completely maniacal, very suspicious and abusive. At 6, P.M., in consultation with Drs. Newhall and Williams, I gave her a subcutaneous injection of about three-fourths of a grain of morphia. In about fifteen minutes the patient fell asleep, and was found to be dead at 4 o'clock on the following morning. Circumstances make it probable that she died as early as 10½ o'clock the previous evening, but although she was never left alone, she expired so quietly that no one was aware of her death.

The depressing effects of the poison of diphtheria are well illustrated in this case. Beginning several weeks after apparent recovery from the acute attack, the asthenia steadily increased, complicated with mania, and proved fatal in a month.

Case V.—*Diphtheria, recovery; Albuminuria and Paralysis of Palate and lower Extremities.*—J. B., 13 years old, after some supposed exposure to cold, complained of sore throat, Saturday, July 3, 1869. She was down stairs, dressed. Pulse, 108. Fauces red; tonsils enlarged, the left covered with numerous white dots, while other dots could be seen in the back of the pharynx. There was a thin whitish exudation on the uvula. On the right margin of the soft palate was a thick, chalk-white pellicle, half an inch long by a third of an inch broad. Some swelling behind angle of right jaw.

During the next few days the exudation extended on the palate and uvula. The swelling about the angle of the jaw increased very much. The breath became offensive, and the voice thick. The pulse varied between 108 and 120. The appetite was poor, and the patient was restless. July 6th, the membrane began to exfoliate, large pieces coming away, and no new formation took place. By the 12th the deposit was almost gone. On the 7th the external swelling began to diminish. The next day

* Catherine F. again called upon me Nov. 1st, 1869, when I made the following notes:—"Through the last winter she was in good health, though the quantity of urine was large. In the Spring, after exposure to wet, cold and fatigue, the dropsy returned, and has continued, in varying degree, ever since. The catamenia ceased in June last, and have not returned. About ten days ago her sight suddenly failed, she could not see to read, and now everything looks as if 'seen through a shower of rain.' The legs are swollen and very hard, the abdomen is enlarged, face much swollen, conjunctivæ infiltrated with serum. Bowels free. Some pain in lower part of back. She rises two or three times in the night to urinate. The urine is loaded with albumen, and contains numerous casts, chiefly granular, and a few transparent." She consulted Dr. Williams on account of the failure of sight, and he readily detected the characteristic white spots on the retina. Catherine F. grew worse, and the last time I heard from her she was evidently very near her end.

the voice became whispering, and the patient could not speak loud till after the 14th, when she was well enough to go to Rye Beach. During all this time the patient was up and dressed. She took brandy, beef tea, cocoa, milk, ice cream, and other nourishment, freely. The medical treatment consisted in the application of strong hydrochloric acid to all the parts which were covered with the exudation, and the sound parts in their immediate neighborhood, ice externally to the throat, in a long India-rubber bag, and quinine internally. When she left town, the tincture of chloride of iron was substituted for the quinine.

The urine, examined July 5th, contained no albumen. On the 13th it contained a trace of albumen, and crystals of triple phosphate. The albumen increased in quantity till towards the middle of August, when it disappeared.

At about the middle of July the voice (previously whispering) became nasal. This peculiarity increased, indicating some paralysis of the palate, and the voice was not fully restored until Sept. 1st. About the first of August the patient began to feel much weariness in the legs, so that she could only walk a short distance, and she would stumble and fall unaccountably. These symptoms continued till she returned to town, Sept. 15th. Even now the gait is a little awkward, although the general health is excellent.

I omitted to mention that this patient had epistaxis freely, July 5th, and slightly, July 12th.

## CHLORAL IN OBSTETRICAL PRACTICE.

By S. G. Webber, M.D., Boston.

The following abstract adds to the clinical experience with chloral which is so rapidly accumulating, and which will soon enable physicians to give that drug its proper place in the materia medica. The cases recorded by the author* only partially support the twenty-third conclusion of Dr. Bricheteau, as given on page 391 of the last volume of this Journal.

E. K., 26 years old, maidservant, pregnant with her first child, came to the lying-in hospital on Oct. 6. She was of healthy family, and had enjoyed good health, had menstruated from her eighteenth year irregularly, but without pain. Her catamenia ceased in March.

She was received and employed about the hospital until Nov. 14, when her face was noticed to be bloated. She stated that on the 10th there had been a remarkable increase in the size of her abdomen, her digestion had been sluggish and the secretion of urine diminished. There was anasarca of the labia and of the legs; the skin was dry; temperature not increased; a slight, dry cough; urine contained albumen and casts. A warm bed, infus. rad. ipecac. and liq. ammon. acet. were prescribed.

Nov. 16.—At 7 o'clock, P.M., fell asleep quietly. At 8, P. M., the attendant noticed spasmodic distortion of the head to the left, with entire loss of consciousness with purple countenance; she foamed at the mouth, and soon the arms and legs were attacked with convulsions. This attack lasted about three minutes, and she then lay in a deep sopor, with snoring respiration, until after fourteen minutes the second attack occurred with the same phenomena. This attack was cut short by chloroform inhalation. She lay narcotized until 9.45, P.M., when she awoke rational and answered questions intelligently, but without any recollection of the attack. A third attack occurred at five minutes before 10, and a fourth at ten minutes after 11 o'clock. Both were cut short by chloroform inhalation. Between both these attacks and after the last the patient lay unconscious, snoring and rattling in the throat.

Nov. 17.—At midnight, a clyster composed of half the following mixture was given:—Half a cup of starch, with two grammes of chloral hydrate dissolved in thirty grammes of decoction of althæa; and at 1 o'clock the other half was given. Both were retained. Towards 2 o'clock the patient fell into a deep sleep, which continued almost without interruption until afternoon. At 8 o'clock, A.M., the respiration was still snoring and rattling. After awaking she lay quiet, without coming entirely to herself, about two hours, and then went to sleep again, breathing freely.

Nov. 18.—Morning. Slept almost continuously; only awaked by repeated vomiting. Afternoon awoke, took half a teller of broth, and lay quiet, with almost perfect consciousness. The skin was dry; temperature not increased. No stool; no passage of urine. In the evening, pulse 96; temp. 37·9. Tartar emetic (0·18) 180·0, every two hours a tablespoonful.

* Aus der geburtshilflichen Universitats-Klinik zu Berlin, unter Leitung des Geh. Medicinal-Raths Martin. Anwendung des Chloralhydrats per anum.—[Berliner Klinische Wochensch., Jan. 3, 1870, p. 1.]

Nov. 19.—Pulse 100; temp. 37·8. After the first spoonful of the emetic solution, she vomited and had one thin stool; then slept well, and, after awaking, took her breakfast with appetite. Urine contained albumen and many casts.

The tartar emetic was continued till Nov. 21; on Nov. 24 acetate of potassa was given. The albumen gradually diminished, and on Dec. 2 there was none; the urine had a specific gravity of 1011, and, Dec. 4, the acetate of potassa was omitted.

On Dec 23 she was confined, without any unfavorable symptoms, and gave birth to a fœtus, which had long been dead. There were no further signs of eclampsia.

"The same quiet and sleep-producing effect has been observed in many other cases, in which the chloral hydrat was given per anum in doses of two grammes dissolved in decoction of althæa, with half a cup of warm starch, especially in indisposed pregnant women who need sleep and in persons who have had operations performed. Local irritation never appeared, although the dose was repeated after an hour, when the first clyster was returned.

"As the hypnotic effect of chloral hydrate gave some promise of its being useful in case of spasm of the uterus during parturition, it was employed in a case of rigid os. First, three doses, each containing seven decigrammes Dover's powder, were given; then the next morning four grammes chloral was administered by the mouth, and the warm vaginal douche employed. At 11 o'clock, P. M., the os was no wider, and 0·06 gramme ext. opii and two subcutaneous injections of morphia 0·01 were employed. Deep sleep followed, and, on awaking, the os was found dilated, and the child was born with the help of the forceps.

"Chloral hydrate in this case of obstinate trismus uteri in partu did not produce a resolution of the spasm."

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Pneumonia Prevalent among Horses.—During the past three or four weeks a large number of horses have suffered attacks of this disease in San Francisco, which in many instances proved fatal. Among many teamsters, who have lost pretty heavily by the epidemic, an idea prevails that the disease spread from mustangs, which arrived down from the interior. We notice, however, that it has confined itself in a great measure to the horses that were exposed to the wet and cold—street-car horses, &c., which, however, would likely be the case, regardless of the cause.—*Cal. Med. Gazette.*

# Selected Papers.

[We reprint the following reply of Sir James Y. Simpson to Dr. Bigelow, from the *London Medical Times and Gazette* of January 22d, 1870. On so important a subject of discussion between two continents as the discovery of anæsthetic inhalation, we presume that the allegations of Professor Simpson will not go unanswered.—Ed.]

## HISTORICAL LETTER ON THE INTRODUCTION OF ANÆSTHETICS IN DENTISTRY AND SURGERY IN AMERICA, AND ON THEIR FIRST EMPLOYMENT IN MIDWIFERY IN GREAT BRITAIN.

By Sir James Y. Simpson, Bart., M.D., D.C.L., Professor of Medicine and Midwifery in the University of Edinburgh.

In the last number of the *Medical Times and Gazette* there is copied the chief portion of a letter published at Boston by Dr. Bigelow senior, and referring to the history of anæsthetics in America and in this country. Early in this year I forwarded the following communication to Dr. Bigelow in reply:—

"Edinburgh, Jan. 3, 1870.

"*Dear Sir*,—There has been sent to me from America a Chicago newspaper, containing a letter of yours which is alleged to have been published in a late number of the Boston Medical and Surgical Journal. In this letter you speak of the bestowal upon me, some months ago, by my fellow-townsmen, of the rank of an honorary burgess of Edinburgh; and you comment, in terms of bitterness, upon the subject, and upon what I said—or rather upon what I did not say—on that occasion. I feel assured that if you or any one else had felt as nervous and timid as I did on rising to address the public meeting which witnessed the presentation, you would not be astonished at anything I did allude to, or did not allude to; or that I failed in adverting to numerous matters to which I might and ought to have adverted.

"The *gravamen* of your charge is this:—In his extempore address to me on the occasion in question, the Lord Provost thought fit to allude to some of my Professional investigations, and specially to those bearing on Anæsthetics, Acupressure, and Hospitalism. He spoke of the application of *chloroform* to the assuagement of human suffering as among the 'greatest medical discoveries in modern times.' In replying on the spur of the moment to these among other remarks, I stated simply in a sentence

the amount to which chloroform was now used for anæsthetic purposes, by adverting to the great extent to which it was manufactured by one single firm at the present day. I might, if there had been time, have added evidence of the extent to which it has superseded all previous anæsthetics, by stating the amount of its manufacture by other firms here and elsewhere. But I had many other subjects to advert to besides chloroform, and only a few short minutes within which I was expected to include them all. According, however, to your views, I am very deeply blameable for not taking up a subject which the Lord Provost did not allude to—viz., the history of anæsthesia. You hold that I should have entered, to a greater or less extent, into some historical notice of anæsthetic agents. The history of them has always taken me a full hour in my University lectures; and in these lectures I have year after year paid heartily every due compliment to the most important part borne in the consummation of the practical application of anæsthetics by America, particularly by the cities of Hartford and Boston, and specially by the energy and genius of Dr. Morton. Surely, however, it would have been sadly out of place, on such an occasion, and before such an audience, to have shown that, before I discovered the application of chloroform to anæsthetic purposes, numerous other agents had been previously suggested and used for the same object—as sulphuric ether by Drs. Jackson, Morton, and Marcy; as carbonic acid by Dr. Hickman, in imitation of the experiments performed for ages on the poor dogs at the Grotto del Cane; and as nitrous oxide (an agent extensively employed as a dentist's anæsthetic at the present hour), and first proposed for 'destroying physical pains' during 'Surgical operations' by Sir Humphrey Davy. Or should I, in your opinion, have even gone still further back in therapeutic history, and described what, doubtless, as a former lecturer on Materia Medica, you are well acquainted with—namely, the other soporific vapors and measures employed by different olden Surgeons in Greek, Roman, and Mediæval times, with the view of rendering their operations painless to the patient? In that way I could have easily shown that the idea of making a patient anæsthetic before subjecting his body to the knife or cautery was a kind of knowledge familiar even to non-professional writers of mediæval and of later times, and that some theological writers—like Origen, for example, in the third century*—allude to the artificial production of anæsthesia in Surgery as a well-known practice; while in reference to Scotland I might have cited Abbot Bower, who lived and wrote about the year 1400, within ten miles of Edinburgh, as telling us by what means the anæsthetic surgery was accustomed to be effected in those days, and what they gave to patients—'secandi, ut possent sine dolore secari;' or I might have adduced the monk Joceline as alluding, with circumstantial details, to an alleged instance of it in the hagiology of Scotland, as early as the sixth century. All this, and much more, might have been mentioned; but all this would have been, in my opinion—though not apparently in your opinion—totally misplaced and grievously out of order; just as any historical disquisition on the previous employment of the ligature, torsion, &c., in hæmorrhage, would have been when I briefly alluded to acupressure.

"In the way of a climax, you terminate one of the paragraphs in your letter with the statement that I was not the 'first man' to inhale a vapor to such an extent as to destroy sensibility. Most certainly I was not; and certainly I never was foolish enough to claim to be so. In the course of my investigations I have, however, experimented upon myself with various vapors, the innocuous or the poisonous effects of which upon the body were previously altogether unknown and unascertained; and I have sometimes suffered in consequence. As a Professor of Therapeutics, you must surely be well aware that the first experiment of breathing a vapor to such an extent as to destroy sensibility was made neither in America nor in our own days. Without adverting to the acknowledged fact that it was accomplished with the vapors driven off from hypnotic vegetable extracts by the older surgeons, from Hugo de Lucca and Theodoric downwards, let me remind you that Sir Humphrey Davy boldly—and notwithstanding he had witnessed occasional deaths in animals from it—made the experiment to which you advert many times upon himself in the last year of the last century with nitrous oxide, and further found that headache and other pains disappeared under its influence.

"About forty years ago, Faraday in this

* In the proceedings of one of the councils of the English Church held at Exeter in the year 1287, the statement of Origen is cited—"Origines et dicit—'Quando volunt medici incidere aliquos, vel urere, dant eis bibere aliquem potum, qui facit eos profunde dormire, ita quod amentes fiant, et sic non sentiant.'" (See Wilkins's *Concilia Magnæ Brittanniæ et Hiberniæ*, vol. ii. p. 162.)

country, and Godman in America, showed, as the result of their observation and experience, that the effects of the inhalation of sulphuric ether were quite similar on the nervous system to those produced by the inhalation of the vapor of nitrous oxide gas—a truth subsequently proved by many pupils in many chemical and other schools in your country, as well as in mine,* by their inhalation of ether. Your remarks, as far as I understand them, imply that it is your belief that Dr. Morton was the 'first man' of 'sufficient courage' to breathe 'a vapor' so as to produce a state of anæsthesia. But you must know as well as I do, from the official documents laid before the Senate of the United States, that this is doubtful even as regards the course of matters in America; for it appears in these documents (1st) that Dr. Jackson avers that he breathed for this object sulphuric ether earlier than Dr. Morton; (2dly) that before Dr. Morton made the ultimate experiment upon himself in 1846, he made it first upon others, and particularly upon his pupil Mr. Spears; and (3dly) that two years previously (or in 1844), Dr. Marcy, of Hartford, had successfully excised a tumor from a man who had been rendered anæsthetic for the purpose by the vapor of sulphuric ether; whilst at that same early date, in the same city, Dr. Horace Wells had extracted teeth from a dozen or more patients rendered insensible by inhaling nitrous oxide gas† according to Davy's suggestion.

"There has lately been raised, I am told, in Boston, a monument in commemoration of the employment of anæsthesia in surgery in that city in 1846. But have the erectors of this monument cut upon it the names of either of your fellow-citizens, Dr. Morton or Dr. Jackson, as the first investigators, or the names of Warren and Hayward, as the first Boston hospital surgeons who operated upon patients under the influence of sulphuric ether? Or have they generously inscribed upon its sides any allusions to the fact that two years previously anæsthetics had been inhaled successfully in dentistry and surgery in the neighboring city of Hartford? I have been assured that there does not yet appear upon the monument the name of a single American chemist, dentist or surgeon. Why is it so? You have the monument. Have you not had the man or men?

"You commence the concluding paragraph of your letter by averring that anæsthetic inhalation 'began' (to use your own words) 'in this country [America], and was first used in the extraction of teeth, and afterwards in capital operations in the Massachusetts General Hospital and in obstetrical practice.' Your words so far affirm that anæsthetic inhalations, besides being first employed in America in dentistry and surgery, were in your country also 'first used' in 'obstetrical practice.' You must excuse my saying that this last assertion is unaccountably incorrect. The use of anæsthetic inhalations in obstetrical practice was begun and extensively followed out in Edinburgh, weeks or even months, before it was tried in Boston, or in America. The first case of midwifery in which sulphuric ether was adopted as an anæsthetic occurred here under my care on January 19, 1847, and was soon afterwards reported in the journals of the day. On March 1, 1847, was published by me in the *Edinburgh Medical Journal*, an essay on the subject, containing a series of obstetrical cases, and a longish discussion of the question of the applicability of anæsthetics to midwifery. It was not, however, according to the published evidence of your townsman, Dr. Channing, till April 7, that the first case of the employment of anæsthetics in midwifery occurred in America, and the second did not take place till May 5. (See Dr. Channing's *Treatise on Etherification in Childbirth*, p. 26.) But before the date of these two cases the practice had been fully established in Edinburgh and elsewhere.

"Perhaps you and I, as parties implicated, are not adequate judges as to whether your statement on this point is candid

* I have elsewhere shown, in treating of the therapeutic history of sulphuric ether, that its employment by inhalation—first pointed out by Dr. Pearson in 1796—in asthma, &c., is mentioned by many writers on Materia Medica before 1846, as by Duncan, Murray, Brande, Christison, Thomson, Pereira, Nysten, Barbier, Wendt, Vogt, Sundelin, &c., in Europe; and its powers of producing effects like intoxication, or like the influence of nitrous oxide gas, are mentioned in America by Godman (1822), Samuel Jackson (1833), Wood and Bache (1834), &c. (See *Anæsthesia, or the Employment of Chloroform and Ether*, p. 100. Philadelphia, 1849.)

† When, however, in December, 1844, Dr. Horace Wells conceived the idea that the inhalation of nitrous oxide gas would render dentistry anæsthetic, he was evidently unaware of the previous suggestion of Sir Humphrey Davy. The idea occurred to him in consequence of his witnessing some person or persons at a public lecture and exhibition of the "laughing gas" at Hartford strike and injure their limbs against the benches without suffering pain. On the subsequent day Dr. Wells himself breathed deeply and fully the gas, and had a molar tooth extracted from his own mouth by Dr. Riggs without pain. *This was the first anæsthetic operation in America.* Thus, in that country, the idea itself of producing artificial anæsthesia by the inhalation of nitrous oxide gas, and the reduction of that idea to actual practice, occurred at Hartford, on December 11 and 12, 1844. The first anæsthetic operation at Boston, viz., the extraction of a tooth from a man named Frost, did not occur till September, 1846, or nearly two years subsequently. (See Official Documents, Appendix, p. 91.)

and creditable, or utterly the reverse. But I willingly leave the decision of this to the feelings and verdict of an honorable profession.

"You think I am greatly blameable because, in the way of omission, I did not advert to the previous application of sulphuric ether in America as an anæsthetic when the employment of chloroform was referred to. I think, on the contrary, that you are infinitely more blameable, because, without the slightest reason or ground—and in the way not of omission but of deliberate commission—you have in this letter of yours attempted to appropriate for your city and country what indubitably belongs to my city and country—namely, the credit of the first introduction and establishment of anæsthetic inhalation in obstetrical practice.

"I have the honor to be, yours truly,

"J. Y. Simpson.

"To Dr. Jacob Bigelow, Boston."

The official documents on the modern history of anæsthesia in America, referred to in the preceding letter, are contained in a thick but I believe unpublished volume of seven or eight hundred pages, printed at the expense of Dr. Morton, and entitled "Statements supported by Evidence of Wm. T. G. Morton on his Claim to the Discovery of the Anæsthetic Properties of Ether, submitted to the Honorable the Select Committee appointed by the Senate of the United States:" Washington, 1853. There is included a "Report to the House of Representatives of the United States of America vindicating the Rights of Charles T. Jackson to the Discovery of the Anæsthetic Effects of Ether Vapors, and disproving the claims of W. T. G. Morton to that Discovery." Those interested in the question will find the whole volume full of curious and important matter in the way of memoirs, documents, affidavits, examinations of witnesses, Congress and Senate Speeches, &c.

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[We are usually chary of extracts from the publications of the Massachusetts Medical Society, because those publications reach the eyes of many of our readers. But, we trust that members of our State Society will cheerfully indulge others with the space occupied by the following passages from the address of Dr. Hitchcock to the Society at its last annual meeting. The subject of the paper is "Organic and Parallel Relation of some of the Practical Truths and Errors of Christianity and Medical Science."—Ed.]

The errors and superstitions of both Christianity and the practice of Medicine are *human*, and are not in any sense, as before stated, an integral part of their nature; and, though sometimes obscuring their lustre, do not permanently tarnish their purity or create a lasting doubt of their Divine origin. Errors and follies in Religion and Medicine, like counterfeits, which prove the existence of a genuine coin, will be always more or less current, in the world's market, so long as men love the pleasure of being cheated. One form of superstition and imposition displaces another, like Satan casting out Satan; or sometimes "seven worse spirits" rap in concert to empty and sweep the victim's house and garnish their own pockets. In contravention of all the truths and principles of Christianity and Science, religious and medical delusions, superstitions and crimes make a dark record in the page of history. Nor is that dark record yet finished. The foul drama is even now passing; the curtain has not dropped.

This may seem a strange anomaly in the midst of the self-congratulations of the age claiming superior knowledge, liberty and Christian civilization. *Clairvoyance* and *spiritualism*, or the practice of invoking the souls of the dead to cure the bodies and guide the morals of the living; *inebriety as a sin and a disease*; and *pre-infanticide*, not an imitation, but a forestalling of the work of Herod, together making a tripod of crime which in this nineteenth century not only permeates with leprous poison the heart of American society, but already, like a huge melanotic cancer, deforms its body and threatens to make it loathsome to sight and touch.

Scarcely a street in our cities, or hamlet in this commonwealth, but echoes the mumbling jargon of clairvoyants and spiritualists in their religious and medical contortions and pretensions.

They have revived the old Alexandrine or Sybilline *ecstacy*, without its genius or inspiration, promising its imbecile believers a superhuman science in the realm of mind, as well as matter, on condition of themselves first losing all consciousness, thought, liberty, memory, all that constitutes man an intelligent moral being.

They claim to converse with the spirits of the dead and evoke their presence and teachings for the good, or ill, of the deluded

victims of their jugglery. This is one of the results of an ignorant or dishonest departure from revealed and scientific truth.

Pascal once said "that whosoever professed to become an angel became a beast," a truth often and shamefully verified by the clairvoyants, spiritualists and Free-loves of the present generation of impostors in religion and medicine. Cicero marvelled at the imperturbable gravity and mock honesty of the Roman augurs and soothsayers. He understood and satirized the deception.

In this modern age, so called, good Christian people look with amazing faith upon the contortions and cabalistic mutterings of the clairvoyant at the bedside of the sick, and marvel at the supernatural wisdom and skill of the performers.

The first Napoleon, for *reasons of state*, with an impressive air of sanctity, alternately played the Mohammedan, the Jew, the Catholic or the Protestant, as best suited the place or the occasion; while these juggling impostors, many of whom are Napoleons in ubiquity and cunning, have only *reasons of pocket* as their motive power. The most astonishing and deplorable feature in reference to the popular existence and practice of these delusions in this commonwealth is, the fact of the tolerance, nay the encouragement and patronage of them, by people who claim to be intelligent Christians.

The gyrations and gibberish talk of these modern impostors as they pretend to evoke lessons in religion, morals and medicine, from the soul of some sage or physician, dead centuries ago, are witnessed, believed in, and adopted by some of our modern Christians, who very properly shed tears of pious grief, and testify to the sincerity of their sorrow, by gifts of money to send teachers and missionaries to convert the Hottentots and Feejeans from precisely the same fetish rites and heathen incantations.

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Revelation has sometimes been worse used by its friends than by its professed foes in any of the attempts to show its antagonisms to Science. But with Chalmers and Hugh Miller, with Simpson and Agassiz and the late President of Amherst College, reinforced by a galaxy of minds in both professions who have sanctioned the indissoluble banns between science and religion, we have nothing to fear. None but dwarfed or corrupt minds in either profession will in this age attempt to repel or disown the truths of science, or make the futile attempt to assail the citadel of Christianity. The alliance between Christianity and medical science is complete; time and trial only strengthen it; and now, in spite of the occasional spasms of sceptics and wits, all sincere friends of Christianity and medical science, rejecting their parasitic follies and inanities, may give each other the hand of fellowship, and work in concert to heal the sick, to dissipate mental darkness, to encourage desponding hearts, and reform and lift up burdened characters. Notwithstanding the discouragements which the grievous follies and errors that formerly, and even now occasionally despoil the development and application of religious and scientific truth, the gleam of their grace and beauty will never fail to shine and warm through all the fitful darkness. This man or that in either profession may be deceived; this or that class of men may dream fantastic or poisonous dreams and play off cruel falsehoods upon the race, but all men and all generations will not be thus deluded. Somewhere in the world and in many minds the great primal, God-given truths which are the origin and power of both professions, emancipated from error, will ever live and expand to bless and perfect humanity.



# Hospital Reports.

## BOSTON CITY HOSPITAL.

Three Amputations in the Service of Dr. D. McB. Thaxter. Reported by Norman P. Quint, House Surgeon.

Case I.—*Amputation of Arm for Epithelial Disease of Hand; Recovery.*—Helen C., æt. 54, entered the hospital for the first time July 16, 1869, with the following history. Present trouble began one year ago as a small wart-like protuberance on back of right hand, covered with scabs. A discharge soon began to appear from under these scabs, and these falling off, left behind a small, open ulcer, which has been steadily increasing in size. After trying a variety of local applications, which proved of no service, amputation was advised. This the patient refused to have performed, and left the hospital. On Nov. 11th she again entered the house, requesting that the hand be removed. The condition of the hand at this time was as follows. The ulceration had involved the whole of the back and a portion of the palm of the hand, between the thumb and forefinger. In depth it had reached the metacarpal bones. First and second fingers, much displaced and swol-

len, were united to the hand at the palm by a small amount of diseased skin and muscle, being almost ready to drop off. The discharge was abundant and exceedingly offensive. General condition was miserable, and patient was much reduced by the great pain which she had suffered.

Patient was etherized on the following day, and forearm amputated at junction of lower and middle thirds, by skin flaps. Bones and muscles were seen to be soft and much degenerated. Three ligatures and four sutures were employed. Cold compress and bandage were applied. Evening.—Reaction good.

On the following day, patient expressed herself as much relieved from pain by the operation. Three days after the amputation, edges of flaps had adhered by first intention, except where ligatures passed out. No redness or swelling. Slight serobloody discharge. Sutures were removed. Dressing of carbolic acid wash applied. Whiskey, ʒiv., daily. Extra diet. Stump continued to remain in the same condition, and at the end of two weeks the union of the flaps, which was at first thought to be feeble, seemed to be strong and permanent. Two ligatures came away. A slight serous discharge occurred from the corner through which passed the remaining ligature. It was not until the end of the fourth week that this could be removed. General condition of the patient was very much improved. At the end of five weeks she was discharged from the hospital, well.

[The bones were so soft in this case that in the amputation the saw almost passed through of its own weight, and it was hardly thought possible for the stump to heal, on account of the low vitality of the tissues.]

Case II.—*Compound Fracture of Leg; Amputation below Knee; Recovery.*—B. F. O'D., æt. 21, was brought to the hospital on the afternoon of Oct. 20th, with the following statements. About an hour before reaching the house, he was thrown from his team, by his horse becoming frightened and running away. In the fall he had the left leg engaged between one of the wheels of his own team and that of another, which was stationary. The leg was therefore immediately broken. Soon after the accident he received a large dose of whiskey, and when he reached the hospital he was in a very excitable condition. On examination of the leg, an oblique, compound fracture of the tibia at its middle, and a somewhat comminuted fracture of the fibula higher up, were discovered. Both bones were denuded of periosteum for some distance above and below the points of fractures. Two large openings through the integuments, the one on the anterior and the other on posterior aspect of leg, existed. After considerable delay, occasioned by friends of patient, who were reluctant to yield to advice given, he was etherized, and leg amputated four inches below knee, by making a posterior flap. Even at this point the muscles appeared black and congested, but it was thought advisable if possible to save the knee-joint. Considerable blood was lost, both before and during the operation, and at one time while under the influence of ether pulse failed very rapidly and respiration quite ceased. Enemata of brandy and ammon. carb. soon restored the circulation. Six ligatures and seven sutures were required. Cold compress and bandage. A few hours after the operation the pulse was 120 and full. No vomiting. Some venous oozing from stump. Sol. morph. sulph., ʒijss.

On the following day, pulse 112 and stronger. Flap looked well, and cold-water dressing was continued. In afternoon had a venous oozing, which was stopped by adjusting a tourniquet partially screwed down. On the third day the pulse was 100. Appetite improving. Bloody serous discharge from stump. Three sutures removed. On the sixth day general condition was much improved, and patient was more hopeful. Discharge suppurative in character. Dressing of carbolic-acid wash applied. At the end of the second week there was some adhesion of flap over tibia. Discharge healthy in character, but small in amount. Remaining sutures removed. Two ligatures came away. In the third week some small sloughs came away with the discharge from the interior of the stump. One more ligature was removed. At the end of the fourth week the stump had entirely healed, with the exception of a small sinus on outer side, made by the passing out of the ligatures. From this time the stump improved very slowly, as sinus exhibited but little tendency to heal.

During the treatment patient had four ounces of whiskey daily, and this was afterwards discontinued and ale substituted. Six weeks after the operation the patient was discharged, nearly well, with every prospect of soon having a sound and useful stump. Soon after leaving the hospital, a small piece of dead bone was removed from bottom of sinus.

Case III.—*Neuralgia of Stump; Re-amputation of Leg; Recovery.*—James O'C.,

æt. 58, entered the hospital Nov. 9th, with the following history. Seven years ago, patient had the left leg amputated in consequence of gun-shot injuries received during the war. States that he had extensive sloughing of the flaps, and that the bone protruded, but this was finally covered up with granulations. Since healing, stump has always been very tender, excluding use of an artificial limb. It has also been the seat of sharp, shooting pains, beginning at the middle of the cicatrix and darting up on the outside of the leg. Patient has a somewhat conical stump, with a small ulcer scabbed over at its centre. Patient enters house desiring a re-amputation. On Nov. 12th patient was etherized, and four inches of stump amputated by making anterior and posterior flaps. Smart hæmorrhage. Four ligatures and five sutures were employed. These last were not tied down to the flaps until six hours after the operation, so that in case of hæmorrhage access could be gained to the bleeding vessel. Stump dressed with cold compress. Reaction not very good. Whiskey ʒi. Morph. sulph. gr. ¼ subcutaneously.

On the next day, pulse 102. Anorexia. Stump undisturbed, but dressings were kept wet with carbolic-acid wash. Whiskey ʒiv. daily. Broth. Milk.

On fourth day, pulse 100. Patient restless in day and delirious at night. Potass. brom. gr. xx. at night. Ham splint adjusted to leg to relieve pressure of flap over crest of tibia. Slight suppurative discharge. Carbolic-acid dressing of compress, wet with wash.

Sixth day.—Delirium increasing. Frequently attempts to get out of bed. Potass. brom. gr. xx. every six hours.

Seventh day.—After having kept awake for three days and nights, patient finally fell into a troubled sleep, which continued for many hours.

Twelfth day.—General condition much improved. Edges of flaps have united, except for a short distance in the middle of line of junction. Discharge healthy. Ligatures came away in a mass.

Sixteenth day.—Patient has been suffering from an irritable stomach, from which he is now recovering. Stump has almost healed.

At the end of the third week, with the addition of a few days, stump had entirely healed. Occasionally had slight pains in stump. Pain, however, gradually disappeared, and at the end of the sixth week patient was discharged from the hospital, well.

On examination of the stump after its removal, the following appearances were found by Dr. S. G. Webber:—

"The posterior tibial nerve seemed to be larger than natural, and was folded over on itself at its lower extremity, so that the end of the nerve was directed upwards. The extreme end was enlarged into a bulk-shaped tumor, and was firmly adherent to a mass of cicatricial tissue. Thus the end was liable to be compressed between the cicatrix and the rest of the nerve. The posterior tibial artery was also bent into an S shape, and was suddenly lost in a band of connective tissue. Another small nerve was found, which terminated in a small, rounded point, without being bent or especially implicated in the cicatrix. Otherwise nothing especially interesting existed in the specimen."

# Bibliographical Notices.

*Obstetric Aphorisms for the Use of Students commencing Midwifery Practice.* By Joseph Griffiths Swayne, M.D., &c. &c. From the Fourth Revised English Edition. With Additions by Edward R. Hutchins, M.D. Philadelphia: Henry C. Lea. 1870. 18mo. Pp. 177.

This little book we consider of great value to students and the younger members of the profession, provided they have been carefully instructed before they take it in hand. It is intended as a guide to such in their early dealings with the lying-in room. Its directions are sound, and they are clearly and succinctly given.

The paper and type are excellent.

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There is now under the care of Dr. Wilks, at Guy's Hospital, an extremely interesting case, in which the patient, a woman 51 years old, states that she often rejects, in a fit of coughing, fluid nutriment from the chest. She has suffered for five weeks from chest affection, and there are indications of extensive disease of the right lung. From the age of the patient, her cachectic appearance, and the rapid progress of the disease, the most probable diagnosis in the case, according to Dr. Wilks, is cancerous disease of the œsophagus, involving the bronchial glands, the lungs, and some portion of the air-tubes in the right side.—*London Lancet.*

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 24, 1870.

## THE HAVOC WROUGHT BY CHLOROFORM—FURTHER ADVICES.

A LEADING English Medical Journal not long since ackowledged that there was a growing feeling of uneasiness on the part of the British public, with reference to the inhalation of chloroform. After the article of last week was in type, communicated by our valued friend *Innominatus*, and alluding to the precautions recommended by the British Medical Journal, for the purpose of saving human life from the grasp of the deadly agent, the number of that periodical for January 29th was put into our hands. It contains a memorandum entitled "the administration of chloroform and of other anæsthetics," by C. Bader, Esq., assistant Surgeon to the Eye-Department, Guy's Hospital. In this memorandum are the following passages:—

"1. From February 2d, 1862, to December 10th, 1869, chloroform was administered at the operating theatre of the Eye-Department of Guy's Hospital to 3,224 patients (to 275 in 1862, to 297 in 1863, to 245 in 1864, to 385 in 1865, to 437 in 1866, to 639 in 1867, to 503 in 1868, to 443 in 1869).

"2. Nitrous oxide gas was given (for the first time on November 30th, 1868) to 26 patients.

"3. Sulphuric ether (with Keith inhaler) to 3 patients.

"4. Bichloride of methylene (given like chloroform) to 16 patients.

"5. Bichloride of methylene (given as shown to me by Mr. Wood) to 204 patients.

"6. Bichloride of methylene first, followed by chloroform, to 10 patients.

"Total number (up to December 10th, 1869) of anæsthesized patients, 3,483. This number only includes the patients operated on in the operating theatre of the Eye-Department. THOUGH NOT ONE DEATH HAS OCCURRED AMONG THE NUMBER, IT SHOULD BE STATED THAT A FEELING OF UNSAFETY WAS EXPERIENCED AT THE ADMINISTRATION OF THE ANÆSTHETIC IN EVERY CASE." [The capital letters are ours.]

"NO ACCIDENTS OF ANY KIND HAVE YET OCCURRED WITH THE NITROUS OXIDE GAS OR THE BICHLORIDE OF METHYLENE. The latter is of late used almost exclusively; it causes sickness, perhaps, in one out of thirty cases, turgidity of the face rarely, and anæsthesia, if properly given, in from twenty to forty seconds. Mr. Rendle was the first to administer the bichloride at the Eye-Department of Guy's. He gave it like chloroform; no sickness was expected to follow. The sixteen patients upon whom it was tried were very troublesome, difficult to get under its influence; many were sick. Its use was therefore discontinued."

The above extracts are at variance in one point with an editorial in the same Journal for Nov. 27th, 1869. From that editorial, the Italics being ours, we take a considerable portion, as follows:—

"*Recent facts have been by no means encouraging as to any diminution in the dangers of anæsthetics. We have had deaths from chloroform almost every week.* Nor have the zealous efforts of Dr. Richardson and others to provide us with a safer agent been rewarded by success. *The bichloride of methylene, although as yet employed on but a very small scale, has had its victim*, and has been so frequently the cause of very alarming symptoms, that most impartial observers of its effects have, we believe, come to the opinion that, whatever its other advantages, it is at least as dangerous as chloroform. We are not among those who think it well to try to explain away all occurrences of this kind, to impute them to unavoidable peculiarities in the patient, or to want of dexterity or care in the administrator. It is absurd to count, in the practice of surgery, on always having robust patients to deal with; nor is it wise to expect from ourselves more than a fair average of caution and skill. A plank bridge across the Thames might be perfectly safe to steady heads, and to those who had practised, but could scarcely be recommended for general use. Within the last few months, at one hospital alone, where the bichloride had been used, three different exhibitors have each had a very narrow escape of a death; and in the face of such a fact, it avails but little for Dr. Richardson and Mr. Rendle to assert that they have met with none such. Those who urge the general employment of dangerous remedies on the plea that, in their own hands, they have hitherto proved safe, remind us of the quibble of the Scotch judge, who had never, he asserted, known any one die of drinking, though he had, he asserted, known many lost whilst learning

the art. Bichloride of methylene may, possibly, be safe to those who have carefully learnt its use; but, if it be very dangerous to those of but little practice, it will not do to recommend it for general adoption.

"*So far as we have yet gone, it seems very probable that chloroform will hold its place with the British profession as being the safest anæsthetic, which combines the recommendations of durable effect, rapidity of influence, suitability to all ages and states of health, freedom from after-consequences, and ease of administration. Indeed, we may suggest that it is, à priori, improbable that we shall ever find any agent which can rapidly extinguish almost all the functions of the nervous system, without any risk that it may now and then do more than we wish, and put into abeyance those we wish to spare, as well as the others.* In this matter, speed is probably inseparable from danger.

"It becomes, then, of the utmost consequence to try if the lamentable accidents which occasionally happen from chloroform can be reduced in number. In order to place ourselves fairly in the direction towards this most desirable end, we must recognize candidly the facts. *We must admit first that, in almost all the cases in which death occurs during chloroform-sleep, it is caused by the anæsthetic; and that facts prove that it is impossible to predicate anything as regards the individuals to whom such accidents are likely to happen. A "fatty heart" does very well to mention to a coroner's jury, and may possibly now and then afford some comfort to the unfortunate administrator; but, begond these purposes, we must not use it. Chloroform-deaths have occurred in sufficient numbers to young persons in unexceptionable health, whilst, on the other hand, such hosts of the feeble have passed safely through the ordeal, that it is impossible to believe that the lesions occasionally found have any definite connection with the untoward event. Events seem to have proved, too, that we must abandon all trust in inhalers, and acknowledge what our Scotch* confrères *have long been telling us—and enforcing by an unusual run of immunity—that the simplest are the best. The use of the minim measure as a means of security must also be put quite aside.* Those who have been accustomed to pour on a handkerchief as much chloroform as seemed necessary, and then hold it closer or less close, according to judgment, must often have experienced melancholy amusement in noting the piteous way in which, at an inquest, the exhibitor will inform the coroner that he had "given only forty-five minims by measurement." Such precision sounds very fairly on such an occasion, but we fear that it conduces nothing to the patient's safety. This and some other fanciful precautions always look to us as if the exhibitor were making preparations for the witness-box, and remind us of the ready but impolite reply once made to a cross-examining counsel, who, asking the reason of his witness's minute accuracy as to distances, was told, "I thought some fool might ask me, and so I measured them." We are even in doubt as to whether the tenor of this remark does not also apply to the custom of holding the patient's pulse. To this, and to all other supposed precautions, the strong objection applies, that, unless really useful, they are better let alone, for the reason that they distract attention from more important matters. If several surgeons are present, there is no kind of objection to the rule that one of them should take the patient's wrist; but it is somewhat different if that task is to fall to the exhibitor. It is not possible for the mind to give attention to many different things at once; and, if you are scrupulously watching the patient's face and breathing, you will often find yourself holding the pulse, it is true, but paying no real attention to the force of its beats. That the patient's countenance and breath-movements give more information than his wrist-pulse, is tolerably certain. In saying this, however, we would guard ourselves most carefully against implying that the state of the circulation is to be neglected. What we mean is, that the state of the circulating forces is more accurately estimated by the appearance of the sleeper's cheeks, lips, and eyes, than by the force of the radial pulse.

"*Another point which must be kept constantly in mind by chloroform-administrators is, that no case is safe. It is just when danger is the least thought of, that it comes. To the most healthy person, the induction of profound anæsthesia is a state most on the borderland of death. Your design is to take a man to the edge of a precipice, and not let him jump over. The task will demand all your skill; and the fact that you have done it safely a thousand times does not make it certain that you may not yet have an accident.* It is obvious that the administrator should give his whole attention to his task—should abstain from conversation, and from any attempt to observe the operation. From this it follows that it is very desirable, when possible, to have a qualified surgeon present, to whom this duty, and this alone, is entrusted. Under many circumstances, such may

not be possible; but it is none the less to be recommended. The large number of accidents which have occurred in private practice, and often during preparation for trivial operations, makes it probable that in many the patient ran additional risk, owing to a short-handed staff. In making this remark, we by no means wish to ignore the fact that many accidents have happened in hospitals, with plenty of help at hand, and have occurred to experienced chloroformists. Want of assistants is, however, attended by danger in two ways: first, that the patient may be inefficiently watched; and secondly, that, in case of accident, the means of resuscitation may not be properly attended to. We half suspect that the latter point is the more influential. *In hospital practice, many patients are saved after the occurrence of most alarming conditions, and even after apparent death. Not a few of these cases, under other less favorable circumstances, would probably end otherwise.*"

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"*There is no special risk in cases in which the heart is known to be diseased.*" * * *

It will be noticed that Mr. Bader's statement to the effect that no accidents have occurred with the bichloride of methylene, ignores the previously made remark of the editor, that Dr. Richardson's anæsthetic has had its victim; and is also erroneous with reference to nitrous oxide gas, to which two deaths have been attributed in this country. It will besides not escape attention that of the 3,224 chloroform cases cited by Mr. Bader, 45 presented more or less alarming symptoms.

But, that point which stands out in boldest relief from among the extracts we have quoted, is this—that the editor of the *British Medical Journal*, the organ of the British Medical Association, while saying that there have been deaths from chloroform almost every week; that in almost all the cases in which death occurs during chloroform sleep, it is caused by the anæsthetic; that facts prove it impossible to predicate anything as regards the individuals to whom such accidents are likely to happen; that chloroformists should keep constantly in mind that no case is safe; while saying all this, this representative man of the British medical profession declares it probable that with that distinguished body chloroform will hold its place as being the *safest* anæsthetic, which combines the recommendations of durable effect, rapidity of influence, suitability to all ages and states of health, freedom from after-consequences and ease of administration. And yet, though sulphuric ether unites in itself all that is essential in these recommendations, and is at the same time as much safer than chloroform, as fire is more manageable than lightning, the former agent is not so much as named by this eminent Journalist. As "Innominatus" suggests, have the medical men of Great Britain so long and so sedulously ignored the one harmless anæsthetic which has thus far been known to science, that they sometimes forget its very existence?

Again! Our trans-Atlantic editor with bitter irony says, "a fatty heart" does very well to mention to a coroner's jury; and may possibly now and then afford some comfort to the unfortunate administrator; but beyond these purposes we must not use it. A candid and timely admission! But, a coroner's inquest, forsooth! What if one of Her Majesty's accomplished surgeons should some day be called to account for the life of a patient whose heart might have forever ceased to beat under the spell of the deadly vapor; and should find himself arraigned for manslaughter before that grand culmination of the British constitution, *twelve men in a jury box?* The counsel for the Crown puts the question—is no anæsthetic safer than chloroform known to medicine? What would be the answer under oath? And what verdict would be likely to fall upon him who—*not inconsiderately, but with deliberate calculation*—had neglected the safer to employ the fatal drug? Alas! "homicides by chloroform" may indeed hold their place with the British medical profession until some one of that association shall have been subjected to a criminal trial for its—abuse.

The medical men of the French city of Lyons have declared for ether, and against chloroform, as those of this city did some years previously. M. Petrequin, Ex-Surgeon-in-chief of the Hotel Dieu at Lyons, uses these words, as translated for this Journal in 1868:—"In conclusion, it is evident that the danger lies in chloroform it-

self. If it kills, it is not because it is impure; *it is because it is in its nature a poison*—a fact shown unquestionably in experiments upon animals, as well as in human pathology.

"In the actual state of science, then, the only way to avoid the censure of society, to secure the protection of justice, and above all to remain at peace with one's own conscience, is to discard forever a dangerous agent, which every time that it is used puts at hazard the fearful question of life or death."

Forgetting the bright example of the Medical Faculty of Lyons, and passing unnoticed the recent invectives against chloroform of leading medical men and journalists in this country outside of New England, the editor of the *London Medical Times and Gazette* declares that with the exception of Boston the entire world seems to be of accord that the agent we condemn is a preferable anæsthetic to ether. In reply we do not hesitate to assert that the whole world will ultimately banish the administration of chloroform by inhalation from medical practice; and that history will record it as a blot upon the records of the present generation that the employment of that death-dealing drug has been so long sustained. We are sure that the accomplishment of this reform is only a question of time; but all of the profession who are of our way of thinking should do their utmost, laboring in season and out of season, to hasten the event, from the motive appealed to in connection with this subject, by the editor of the *Union Médicale*, Amédée Latour—"the absolute and supreme respect for human life which gives grandeur and dignity to our art."

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### THE FATALITY AT GREAT BARRINGTON.

Since handing to the printer the preceding article, and also the notice on another page which is credited to the *Boston Herald* under our regular caption of "Deaths from Chloroform," we have received a copy of the *Berkshire Courier* containing a full account of the sad occurrence at Great Barrington. We quote the following very appropriate and straightforward letter addressed to that newspaper by W. H. Parks, M.D., who administered the chloroform; remarking by the way that we have no connection or acquaintance with our unfortunate namesake:—

"Mr. Editor,—The sudden death of Mrs. Foote, on Saturday afternoon, having awakened the sympathy of the entire community, and given rise to many inquiries and rumors concerning it, I send you the following report of the case, which you are at liberty to publish as a matter of public interest. Mrs. Foote, of Sheffield, aged 36 years, called on Saturday, the 12th inst., at the dental office of Dr. Rice in this village for the purpose of having some teeth extracted. I was requested by the husband to administer chloroform, he stating that she had once before taken it without ill effect. Mrs. F. being apparently a woman in good health, I consented to administer it. It was given in the usual manner, by pouring a small quantity upon a napkin, held at a little distance from the face in order not to interrupt a sufficient supply of atmospheric air. No unusual effect was produced until after twelve teeth were extracted, when for the moment she manifested signs of returning consciousness, and while leaning forward in the act of retching or vomiting, after two or three ineffectual attempts she suddenly expired. I was supporting the head at the time, with my fingers pressing upon the temporal artery, the pulsation of which I could distinctly feel. The first intimation of danger perceived was the sudden cessation of the pulsation, when after a few gasps she ceased to breathe. I immediately placed her in a horizontal position, and kept up artificial respiration for half or three quarters of an hour, when, perceiving the hopelessness of the attempt, further efforts were abandoned. It is to be regretted that her friends were not willing that a *post-mortem* examination should be had, as there is some reason for suspecting the existence of an organic disease of the heart. Be this as it may, however, there is no doubt that death resulted from asthenia of the heart induced by the inhalation of chloroform, and the existence of an organic disease of this organ would only have contributed to the danger of such a result. W. H. Parks, M.D.

Accompanying the newspaper we are favored with a letter from L. Miller, M.D., of Stockbridge, who informs us that from some cause the friends of the deceased concluded that a *post-mortem* examination should be held just before the burial; and that the autopsy "discovered no organic

disease, and no serious variation from the normal standard of health." Dr. Miller states that no one doubts the skill or ability of the physician who administered the anæsthetic. From the letter of the latter gentleman to the *Courier*, we infer that the inhalation was administered as carefully and scientifically as it is ever possible to conduct the inspiration of chloroform.

The measure resorted to by Dr. Parks for the restoration of the patient—viz., prolonged artificial respiration—was precisely that on which we for ourselves believe chief reliance should have been placed. And it ought to be borne in mind that some of the leading foreign authorities who urgently advocate the administration of chloroform inhalation, specially warn operators against being diverted from the faithful carrying out of this, in any flurried eagerness to use "every means" that could possibly be thought of. We presume that nothing short of power to raise the dead could have brought the patient back to life after it was first perceived that respiration had stopped; or even perhaps at the moment when the artery ceased to pulsate. It is the same story we have been for some time past seeing repeated nearly every week in one or another medical journal, of inhalation of chloroform by a patient presenting no symptom to indicate special danger from its use, perhaps having breathed it before with impunity—skilful administration of the anæsthetic—failure of heart-beat and respiration—sudden or instantaneous death.

The responsibility, in this case, rests, we take it, not upon the medical man alone who held the anæsthetic vapor to the mouth and nostrils of the patient, but also upon any other physician who may have been present and countenanced its administration; and in a lesser degree besides upon the patient who solicited it, upon the husband who permitted it, and upon the public which tolerates the practice of *chloroform* inhalation. If this deplorable event should arouse public opinion and crystallize it into legislation to forbid that fatal practice, it may well be a melancholy consolation to the parties now living who were immediately concerned in the unintended tragedy to look upon their mental sufferings as a martyrdom in the cause of humanity.

THE Chief of the Bureau of Medicine and Surgery, in calling the attention of the Secretary of the Navy to the difficulties experienced in officering the Medical Corps, points out the causes, and suggests the remedy, which, unfortunately for the efficiency of the service, is not agreed to by Admiral Porter.

"The chief difficulty," says Dr. Wood, "lies in the fact that the usages of the naval service and the want of proper legislation place medical men in the navy *below the average respectability* of the profession in civil life. Individual respectability being the same in both cases, the position of respectability which is obtained in civil life from popular approbation, can only be secured in military life by legislative enactment, and is known under the term of Medical Staff rank, when applied to medical men. I shall not present any views in the interest of any class or section in the navy, but only such as seem to me to be essential to the good of the whole navy, so far as the medical corps is related to that good." * * *

"Efforts to ignore instead of utilizing as a power, the strongest influences of human nature, or to satisfy them by putting shadowy forms for substantial rights, have agitated our naval service from its beginning. They have interfered much, not only with its efficiency, but also with that harmony which among men of equal social position, cultivation, and refinement, might be some compensation for the exactions and dangers which belong to the naval service, and are shared together.

"It is a subject of much regret, and perhaps of reproach, that the United States naval service alone should continue the agitation of failing experiments, while every other military service in the world has reached harmony and efficiency, by a full acknowledgment of the principles of Medical Staff rank.

"That gentlemen of all ages, and with every variety of mental endowment and moral discipline, embraced by the medical corps, have with unbroken unanimity, from generation to generation, and despite the discouragements of failure, still contended unflinchingly for the protection of staff rank, proves that the claim embodies a life and dignity which no unmeaning vanity could assume or persistingly maintain."

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"The first practical object of all legislation and regulation relative to the Medical Corps, is to secure for the officers and men

of the navy the best average medical skill and ability which our country, or, indeed, any country, can afford; for, in the shrinking of our own people from the naval service, we have been indebted to the aid of able foreigners. Those who encounter naval hazards are entitled to the most capable medical and surgical aid; the Government also has a pecuniary and natural interest in providing every security for the efficient physical and moral ability of those whom it educates and employs.

"One other consideration, demanding a high order of professional ability, is incident to our influence among the peoples of the world, and found in the fact that the Medical Officers of the navy come in contact with the professional men of other countries and other navies. Therefore national self-respect should require the naval Medical Corps to be especially of such a character as would, in such circumstances, honorably represent their country. It is certain none of these requirements can be met unless the Government offers to medical men such inducements to enter its service as will compete with the fair hopes and inducements of civil life, and be some compensation for their surrender, which is largely made, of that personal liberty and privilege which, under other circumstances, are the natural right of every adult." * * *

"All these essential considerations are embraced by a memorial signed, in 1816, by a majority of those distinguished captains, among them such names as Bainbridge, Hull, Rogers, Trenchard, Jones, and Warrington, whose deeds made their own fame and the glory of our navy in the war of 1812, and expressed in the following words:—

"'We feel it, therefore, as a duty incumbent on us to state that we consider the Medical Department of such great importance to the navy of our country that no reasonable measures ought to be omitted which could have a tendency to retain in the service the professional ability of those gentlemen who, by their experience, knowledge, zeal and humanity have procured the esteem and confidence of those with whom they have been associated; and we also beg leave to express our belief that no reasonable inducements would be objected to by Congress to procure for those who are engaged in a perilous service, and who are constantly exposed to the diseases of all climates, the best medical aid which the country affords. To effect this, it must be obvious that the rank and pecuniary emolument of medical officers ought to bear some proportion to what gentlemen of professional eminence would be entitled to in private life.' * * * * *

"Both in civil and military life, the best incentive to duty, outside of a conscientious conviction of duty, is the hope of the approval of that judgment or authority under which life is lived and duty done. In this hope the Government has a large power to secure, by a just distribution of its honors, a high order of professional ability and character, and to substitute a cheerful and proud performance of duty for the cheerless and despondent spirit which now overshadows the senior officers of the medical corps who are fixed in the service, and has almost annihilated the junior branches of the corps. No young men who are competent to pass the modern examinations of the naval board are seeking admissions to the navy, and those who were successful in entering are rapidly escaping from it.

"There have been *fifty-three resignations* among the medical officers for the last four years from a *corps of two hundred* (but one of them discreditably to the officer), and *only one of them has been filled, and it is impossible now properly to officer the ships and hospitals.*

"These losses are greatly to be deplored, as many of these young officers had the experience of the war, and had displayed eminent ability, and, should the proper remedy be now applied, it will be years before the loss can be recovered.

"The administration of a naval medical charge requires an education of its own, only to be acquired practically on shipboard, embracing the subjects of pensions, malingering, nautical hygiene; and as the officer advances in the service, and has his sphere of duties enlarged, having charge of our large hospitals and medical charge of squadrons, they become administrative as well as professional, and have within them the direction of large fiscal interests, requiring intelligence, experience and probity.

"The losses we have sustained, and the existing aversion to the naval service, are the natural and inevitable results of the infraction of the laws I have endeavored to point out. If the medical corps is not honorably and efficiently maintained by a just share of the routine honors of the navy, it can only be done by lowering the standard and taking men who will accept professional humiliation as a means of livelihood. * * * * * * * * *

"It will scarcely be asserted that any

military organization can exist without a staff corps, nor will it be denied that the efficiency of the organization is proportioned to the ability of the staff corps. This fact is evident from the term used, meaning a sustaining power.

"It is proved by the prominence given staff corps by all the military heroes of history, and by the high rank given staff officers in every perfect military institution. No such institution can rise above the depressing weight of an inferior staff corps.

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"Whatever is done, it is clear should be done in so earnest and significant a manner as to have a substantial meaning. Better that no rank whatever be given than a rank in words, to be nullified in practice, or made to have only an exceptional use. Such a hybrid combination is barren of all fruitfulness. Why, for instance, should it be said that any class of officers should have such a rank, but not its indications and honors, unless the occupation of the officer works stain and corruption to the honor he has earned? Better say frankly, the service rendered merits the honor, but the occupation is beneath it. Why should the rank of a medical officer in our naval service be made to yield to that of a junior line officer, unless that line officer be in the position of command? * * * *

"As some testimony to the truth of the views I have offered, and also that they do not originate in a spirit of professional partizanship, I am able to refer to the late Admiral Foote as very much dissatisfied with the existing condition of the medical corps, and as an earnest advocate for giving it high staff rank. It was by his advice that the Navy Department gave the staff corps, as a war acknowledgment, that increase of rank which has recently been pronounced invalid for want of legislation. Also, I have the authority of a distinguished rear-admiral, now on the active list, for saying, after severe comment upon the position of senior medical officers in the United States Navy, that, in his opinion, 'the fleet-surgeon should be in our service, as in the French, exclusively a member of the Commander-in-Chief's staff and family.'

"If the authorities who control this subject could be influenced by such liberal views as these, there would be no difficulty in honorably officering the medical corps, and class dissensions would end."

A strong and urgent petition to the Senate has been signed by the Medical Faculty of Harvard University, and forwarded to the Hon. Charles Sumner for presentation. It is to be hoped that the just claims of the medical fraternity of our country will be recognized by Congress, and that the present injudicious and demoralizing policy of the Navy Department will be broken up by the passage of the "Stevens Bill" by both Houses of our National Assembly.

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### PROFESSOR BIGELOW'S FINAL REPLY TO PROFESSOR GUNN.

Mr. Editor,—The question of injustice, which is alone at issue between Professor Gunn and myself, refers to two points, viz.:

1. Did he, in opposition to the Y ligament theory, assign several different parts of the hip capsule as the essential cause of the phenomena of hip dislocation?

Unquestionably he did.

For example, he pointed out the anterior part for the dorsal, and the posterior part for the pubic dislocation.* My statement, of which he has so loudly complained, is correct.

2. In his two dorsal dislocations, did Professor Gunn, when he designated the anterior "half" of the hip capsule, point out the ilio-femoral ligament, which is a portion of this half?

Clearly, not.

He entirely fails to show that the ilio-femoral ligament even occurred to his mind, "in this relation," until my book was published. He had previously designated the capsular ligament loosely by "halves," and offers no evidence that in so doing he had analyzed or dissected the anterior half more than the posterior half.

The Y ligament theory in hip dislocations will in time pass for what it is worth. It is not the subject of the present discussion, and I therefore do not follow the new issues of Professor Gunn. If his fears of circumduction, which are shown to be unfounded, compel him to resort to a Jarvis's adjuster,† in order to reduce a thigh by manipulation, I leave to him the task of convincing the astonished reader that this is an expedient of "skill not force."‡

The imputation of injustice, which has caused me some solicitude, is the only issue between us. I have shown that no injustice has been done to Professor Gunn, and therefore leave the discussion here.

Henry J. Bigelow.

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* Luxations, &c., p. 20, line 20.
† Ibid, pp. 13 and 14. ‡ Ibid.

Dr. Meredith Clymer, in a note on the history of relapsing fever in the United States, says:—

*Sir*,—Having seen a number of cases of the kind of fever now prevailing in this city, I am satisfied that it is essentially the same which I observed and described twenty-five years ago.* In June, 1844, a ship arrived at Philadelphia from Liverpool with Irish emigrants, amongst whom there had been some sickness during the voyage. Fifteen were sent to the Philadelphia Hospital, and admitted into the medical wards under my charge. They were suffering from continued fever of a kind different from any that I had ever seen. I thought that I recognized, by the published histories, the kind then prevailing epidemically in Scotland and England, and which had appeared in those countries in 1843. The correctness of my conjecture was soon established. In all these cases the access was sudden, with severe headache, vomiting, muscular soreness and joint-pains, rapid pulse, hot skin, a moist tongue with a creamy grey or yellowish coating, and red tip and edges (though in a few cases the tongue and mucous membrane of the mouth were quite dry for several days), enlarged spleen, no constant intestinal troubles, and no eruption. In all there was much debility from the outset, and the face had a peculiar bronzed tint, like that of persons suffering with malarial poisoning. About the seventh day defervescence happened, with abundant sweats; the appetite became good, the expression was natural, and the patient apparently entered upon convalescence, though still complaining of muscular weakness, and the face was of a dusky yellowish hue. Near to the fourteenth day a second paroxysm suddenly occurred, in some cases with the acuteness of the first, and lasting for five or six days, whilst in others it was slight, and passed off in thirty-six or forty-eight hours. So far as I know, there were no instances of a second relapse. I saw no sequelæ, for the reason, perhaps, that patients left the hospital very soon after the establishment of the second convalescence. None of the house physicians, or nurses, or other patients contracted the fever, and the only evidence I had of its possible contagiousness was the fact of two sisters, for some years resident in Philadelphia, being admitted with the fever, and whose brother had gone from the ship to their house, and there been taken ill. Other steerage passengers were at the time in the hospital, complaining of chills, sweating, aches, headache, debility, &c.; but none of these were ever fairly down with the fever. * * * * *—Medical Record.*

* Fevers: their Diagnosis, Pathology and Treatment. By Meredith Clymer, M.D. Philadelphia: 1845, pp. 99.

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Action of Nitric Acid upon Extract of Indian Hemp.—Messrs. Bolas and Francis found that when the resinous extract of Indian hemp was treated with nitric acid, sp. gr. 1·32, a violent action, accompanied with a copious evolution of nitrous fumes, took place. When the action had subsided, the flask was heated for five hours in a water bath; the residual resin was again treated with nitric acid, sp. gr. 1,420; the clear acid solutions were then evaporated to dryness on the water bath, the resinous portion remaining in the flask being again treated with nitric acid, and so on until the whole was dissolved. The residua obtained on evaporating these acid solutions were then washed with water and dissolved in spirit, from which it crystallized in long flat prisms. When pure it is white, and gives an alcoholic solution neutral to test paper. It does not contain nitrogen. It gave on combustion numbers agreeing with the formula—$C_5 H_4 O_2$. The acid liquors which have deposited "oxy-cannabin" yield on further evaporation a small quantity of an acid substance, which crystallizes in plates. —*Medical Press and Circular.*

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The illustrious deceased physician, Trousseau, was born in 1791. He formerly taught rhetoric at Chateauroux. He studied medicine under Bretonneau, of Tours. He was elected, in 1848, a member of the French National Assembly, and on the fall of Cavaignac he gave up politics and took entirely to medicine.—*Ibid.*

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DEATHS FROM CHLOROFORM.

*Fatal Tooth Pulling.*—Mrs. Bradford Foote of Sheffield died from the effects of chloroform in the office of Dr. W. W. Rice, in Great Barrington, Mass., Saturday afternoon. Mrs. Foote called at the office to have a number of teeth extracted, and requested Dr. Rice to administer chloroform. He reluctantly consented to do so, as Mrs. Foote did not appear in perfect health. The chloroform was given by Dr. W. H. Parks, who was called in for that purpose. Twelve teeth were extracted, and Mrs. Foote had partly recovered consciousness, when she suddenly seemed to choke, and died in a few moments.—*Boston Herald, Feb.* 17, 1870.

# Medical Miscellany.

ADMIRAL FARRAGUT AND THE REORGANIZATION OF THE NAVY. *Washington*, 13th.—Admiral Farragut has written Secretary Robeson a letter, which will be submitted to Congress to-morrow, giving his views on the pending House bill for the reorganization of the Navy. The Admiral approves of the provisions of the bill, and urges the establishment of a Board of Admiralty, of which the Admiral of the Navy should be President, and the appointment of ten Medical Directors, with the assimilated rank of Captain, to be placed in charge of hospitals and asylums, and of twenty engineers with the assimilated rank of Commander. He also insists on the right of the executive officers to precedence over all others while in the discharge of their duty, and in reference to the staff and line controversy says:—

"In the beginning of this contest I felt desirous to do justice to the merits of such staff officers as had served in my command, and whom I know had been equally exposed to the dangers incident to the profession, and hence, when Surgeon Palmer appealed to me to know if I had any objection to a certain bill which provided for a higher grade for the older officers I readily answered in the negative, saying I thought that the older officers of the staff corps who had served their country faithfully, and had shared all the privations of war equally with the line, had a natural right to expect to be promoted to a higher grade in their respective corps. At that time I did not deem it possible that the feeling could become so violent, and while my opinion, then circulated, simply advocated a deserved reward for merit, and at the same time placing such officers at shore stations, so as to prevent contact with the officers of the line of the same grade, I am glad to find that all the Boards and the honorable Secretary are now as ready to accord to them this preferment as myself. During all this time I have been prepared to express my opinion without prejudice or partiality, but have studiously avoided to do so until such a time as it was called for by authority."

THE last lecture of the Course on Anatomy and Diseases of the Ear, by Dr. C. J. Blake, at the Dispensary corner Bennet and Ash Streets, will be given Tuesday, March 1st, at 9 A.M. Attendance of members of the graduating class is especially requested.

DR. W. WARREN GREENE has had three successful cases of removal of bronchocele. In the last case the bronchocele was double and of immense size.

FLINT IMPLEMENTS FROM AFRICA.—The flint-implement makers—whether men or "the missing link"—appear to have been ubiquitous. We recently heard of these weapons having been found in the Cape Colony, where none of the existing races use them, and now Messrs. Hamy and Lenormant have written to the Academy of Sciences announcing that a large quantity of wrought flints, of well known types, have been discovered in Egypt. These gentlemen suppose that there was "a factory of the Neolithic period" on a plateau near the valley of Biban-el-Molouk.—*Medical Times and Gazette.*

BOOKS AND PAMPHLETS RECEIVED.—Modern Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions. By Geo. H. Napheys, A.M., M.D., Philadelphia. 12mo. Pp. 390.—Report of the Pennsylvania Hosp. for the Insane, for the year 1869. By Thomas S. Kirkbride, M.D., Physician-in-Chief and Superintendent. Pp. 58.—Transactions of the New York Academy of Medicine, Vol. iii., Part vii. Physiology and Pathology of the Sympathetic or Ganglionic Nervous System. By Robert T. Edes, M.D. An Essay to which the O'Reilly Prize was awarded by the New York Academy of Medicine, May 5, 1869. Printed for the Academy. Pp. 152.—Address delivered before the St. Clair and Sanilac (Mich.) County Medical Society, by the Retiring President, together with Reports submitted at the Annual Meeting, Aug. 10, 1869. Pp. 29.—On the Influence of Mental Activity on the Excretion of Phosphoric Acid by the Kidneys. (Silliman Prize Thesis.) By Luther Hodges Wood, Ph.B., M.D. [From the Proceedings of the Connecticut Medical Society.] Pp. 18, and nine diagrams.—Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, January 26, 1870. Providence, R. I. Pp. 36.

MARRIED,—At East Boston, 16th inst., Richard M. Ingalls, M.D., to Miss Mary E. Shattuck, both of East Boston.

*Deaths in seventeen Cities and Towns of Massachusetts for the week ending Feb.* 19, 1870.

| Cities and towns. | Number of deaths in each place. | Prevalent Diseases | |
|---|---|---|---|
| | | Consumption. | Pneumonia. |
| Boston . . . . | 105 | 22 | 6 |
| Charlestown | 7 | 1 | 1 |
| Worcester . . | 13 | 2 | 2 |
| Lowell . . . . | 20 | 3 | 2 |
| Milford . . . | 6 | 2 | 0 |
| Chelsea . . . | 6 | 1 | 2 |
| Cambridge . | 20 | 3 | 6 |
| Salem . . . . | 11 | 2 | 0 |
| Lawrence . . . | 7 | 1 | 0 |
| Springfield . | 7 | 1 | 1 |
| Lynn . . . . | 6 | 1 | 0 |
| Pittsfield . . | 5 | 0 | 0 |
| Taunton . . | 4 | 0 | 0 |
| Newburyport | 2 | 1 | 0 |
| Somerville . | 5 | 0 | 1 |
| Fall River . | 8 | 1 | 2 |
| Haverhill . . | 1 | 0 | 0 |
| | 233 | 41 | 23 |

There were nine deaths from scarlet fever in Boston, and none in the other cities and towns. Boston reports four deaths from smallpox, and three from measles. Lowell reports three deaths from measles. From all the above places there are reported eight deaths from croup and diphtheria, and four from typhoid fever.

GEORGE DERBY, M.D.,
*Secretary of State Board of Health.*

DEATHS IN BOSTON for the week ending February 19, 105. Males, 44—Females, 61.—Abscess, 1—accident, 1—anæmia, 1—apoplexy, 2—inflammation of the bowels, 1—disease of the brain, 3—inflammation of the brain, 2—bronchitis, 5—cancer, 1—consumption, 22—convulsions, 2—croup, 1—debility, 2—diarrhœa, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 1—dysentery, 1—epilepsy, 1—erysipelas, 4—bilious fever, 1—scarlet fever, 9—gangrene, 1—hæmorrhage, 1—disease of the heart, 2—disease of the liver, 3—inflammation of the lungs, 6—measles, 3—old age, 3—paralysis, 2—peritonitis, 1—pleurisy, 2—premature birth, 2—puerperal disease, 1—rheumatism, 1—smallpox, 4—suicide, 1—teething, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 30—between 5 and 20 years, 16—between 20 and 40 years, 32—between 40 and 60 years, 13—above 60 years, 14. Born in the United States, 75—Ireland, 19—other places, 11.